

Form 1040 U.S. Individual Income Tax Return 2005

OMB Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2006, ending 2006

OMB No. 1545-0046

Your first name and initial: **GEORGE W.** Last name: **BUSH** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **LAURA W.** Last name: **BUSH** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see page 16. APT. no. You must enter your SSN(s) above.

C/O NORTHERN TRUST CO, PO BOX 803938

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. **CHICAGO, IL 60680**

Creating a tax center will not change your tax or return.

Electron Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

Do Yes/omit. If someone can claim you as a dependent, do not check box Do

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	How is this child or other person being claimed (see page 16)

Dependents on this not entered above

Any number on lines above **2**

d Total number of exemptions claimed **2**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	397,702.
8a	Taxable interest. Attach Schedule B if required	313,486.
b	Tax-exempt interest. Do not include on line 8a	
9a	Ordinary dividends. Attach Schedule B if required	28,622.
b	Qualified dividends (see page 23)	13,758.
10	Taxable refunds, credits, or offsets of state and local income taxes	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<3,000.
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	
b	Taxable amount (see page 25)	
16a	Pensions and annuities	
b	Taxable amount (see page 25)	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	2,070.
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20a	Social security benefits	
b	Taxable amount (see page 27)	
21	Other income. List type and amount (see page 29)	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	738,680.

Adjusted Gross Income

Line	Description	Amount
23	Educator expenses (see page 29)	
24	Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ	
25	Health savings account deduction. Attach Form 8889	3,700.
26	Moving expenses. Attach Form 3903	
27	One-half of self-employment tax. Attach Schedule SE	
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction (see page 30)	
30	Penalty on early withdrawal of savings	
31a	Alimony paid <input type="checkbox"/> Recipient's SSN	
32	IRA deduction (see page 31)	
33	Student loan interest deduction (see page 33)	
34	Tuition and fees deduction (see page 34)	
35	Domestic production activities deduction. Attach Form 8805	
36	Add lines 23 through 31a and 32 through 35	3,700.
37	Subtract line 36 from line 22. This is your adjusted gross income.	735,180.

Form 1040 (2005) **GEORGE W. & LAURA W. BUSH**

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	735,180.
39a Check <input type="checkbox"/> Yes were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a					
b If your spouse notices an error on this return or you were a dual-status alien, see page 26 and check box <input type="checkbox"/> 39b					
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		40	116,486.
41 Subtract line 40 from line 38		41		41	618,694.
42 If line 38 is over \$108,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42		42	0.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		43	618,694.
44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972		44		44	187,854.
45 Alternative minimum tax. Attach Form 6251		45		45	
46 Add lines 44 and 45		46		46	187,854.
47 Foreign tax credit. Attach Form 1116 if required		47		47	86.
48 Credit for child and dependent care expenses. Attach Form 2441		48		48	
49 Credit for the elderly or the disabled. Attach Schedule R		49		49	
50 Education credits. Attach Form 8863		50		50	
51 Retirement savings contributions credit. Attach Form 8880		51		51	
52 Child tax credit (see page 41). Attach Form 8801 if required		52		52	
53 Adoption credit. Attach Form 8839		53		53	
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8854		54		54	
55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55		55	
56 Add lines 47 through 55. These are your total credits		56		56	86.
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57		57	187,768.
Other Taxes					
58 Self-employment tax. Attach Schedule SE		58		58	
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59		59	
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60		60	
61 Advance earned income credit payments from Form(s) W-2		61		61	
62 Household employment taxes. Attach Schedule H		62		62	
63 Add lines 57 through 62. This is your total tax		63		63	187,768.
Payments					
64 Federal income tax withheld from Forms W-2 and 1099		64		64	110,877.
65 2005 estimated tax payments and amount applied from 2004 return		65		65	116,600.
66a Earned income credit (EIC)		66a		66a	
b Nontaxable combat pay election <input type="checkbox"/> 66b		66b		66b	
67 Excess social security and tier 1 RRTA tax withheld (see page 59)		67		67	
68 Additional child tax credit. Attach Form 8812		68		68	
69 Amount paid with request for extension to file (see page 59)		69		69	
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8886		70		70	
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments		71		71	227,677.
Refund					
72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid		72		72	39,909.
73a Amount of line 72 you want refunded to you		73a		73a	
b <input type="checkbox"/> Direct deposit: routing number <input type="checkbox"/> c <input type="checkbox"/> Check <input type="checkbox"/> Savings <input type="checkbox"/> Account <input type="checkbox"/> Other					
74 Amount of line 72 you want applied to your 2006 estimated tax		74		74	39,909.
Amount You Owe					
75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60		75		75	
76 Estimated tax penalty (see page 60)		76		76	
Third Party Designee					
Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No					
Designee's name <input type="checkbox"/> Date <input type="checkbox"/> Personal identification number (PIN) <input type="checkbox"/>					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Sign Here					
Your signature <input type="checkbox"/> Date <input type="checkbox"/> Your occupation <input type="checkbox"/> Daytime phone number <input type="checkbox"/>					
Spouse's signature, if a joint return, both must sign. <input type="checkbox"/> Date <input type="checkbox"/> Spouse's occupation <input type="checkbox"/>					
Paid Preparer's Use Only					
Preparer's signature <input type="checkbox"/> Date <input type="checkbox"/> Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <input type="checkbox"/>					
Firm's name (or yours if self-employed), address, and ZIP code <input type="checkbox"/> EIN <input type="checkbox"/> Phone no. <input type="checkbox"/>					

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (97)

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0047

2005

Attachment
Schedule No. 07

Your social security number

GEORGE W. & LAURA W. BUEN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
	1	Medical and dental expenses (see page A-2)	1
	2	Enter amount from Form 1040, line 38	2
	3	Multiply line 2 by 7.5% (.075)	3
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4
Taxes You Paid (See page A-2)	5 State and local (check only one box):		
	a	<input type="checkbox"/> Income taxes, or	
	b	<input checked="" type="checkbox"/> General sales taxes (see page A-9) } SEE STATEMENT 6	5
	6	Real estate taxes (see page A-6)	6
	7	Personal property taxes	7
	8	Other taxes. List type and amount ▶ AD VALOREM TAXES 26,172.	8
	9	Add lines 5 through 8	9
			28,775.
	Interest You Paid (See page A-5) Note: Personal interest is not deductible.	10	Home mortgage interest and points reported to you on Form 1098
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-5 and show that person's name, identifying no., and address	11
12		Points not reported to you on Form 1098	12
13		Investment interest. Attach Form 4962 if required. (See page A-6.)	13
14		Add lines 10 through 13	14
Gifts to Charity If you made a gift and got a benefit for it, see page A-7.	15a	Total gifts by cash or check	15a
	15b	Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions	15b
	16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16
	17	Carryover from prior year	17
	18	Add lines 15a, 16, and 17	18
		75,560.	
	19	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	19
Job Expenses and Certain Miscellaneous Deductions (See page A-8.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)	20
	21	Tax preparation fees	21
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 4	22
	23	Add lines 20 through 22	23
	24	Enter amount from Form 1040, line 38	24
	25	Multiply line 24 by 2% (.02)	25
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26
Other Miscellaneous Deductions	27	Other - from list on page A-9. List type and amount	27
Total Itemized Deductions	28	Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.	28
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here	29
		STMT 5	
			116,486.

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

GEORGE W. & LAURA W. BUSH

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

Table with 2 columns: Payer Name, Amount. Includes entries for CHASE BANK (25), WELLS FARGO BANK (31), FROM K-1 - THE LONE STAR TRUST (304,957), FROM K-1 - GWB RANGERS CORP. (6,000), FROM K-1 - NORTHERN TRUST CO AS TRUSTEE (2,389), FROM K-1 - HENRY G. FREEMAN JR TRUST (84).

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Summary rows for Part I: 2 Add the amounts on line 1 (313,486); 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989; 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a (313,486).

Note: If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer

Table with 2 columns: Payer Name, Amount. Includes entries for FROM K-1 - THE LONE STAR TRUST (4,301), FROM K-1 - GWB RANGERS CORP. (813), FROM K-1 - NORTHERN TRUST CO AS TRUSTEE (11,592), FROM K-1 - HENRY G. FREEMAN JR TRUST (11,916).

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Summary row for Part II: 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a (28,622).

Note: If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Table with 2 columns: Question, Yes/No. Includes questions 7a (foreign account), 7b (signature/authority), and 7c (distribution from foreign trust).

587501 11-27-05

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Capital Gains and Losses

▶ Attach to Form 1040 ▶ See instructions for Schedule D (Form 1040).

OMB No. 1545-0047

2005

Amendment
Sequence No. 12

Your social security number

GEORGE W. & LAURA W. BUSH

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter your short-term totals, if any, from Schedule D-1, line 2				2
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)				3
4	Short-term gain from Form 8252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 8				5 2,237.
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (51,859)
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7 <49,622.>

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 LONE STAR TRUST REDEMPTIONS	VARIOUS	VARIOUS	1,734,000.	1,734,000.	
9	Enter your long-term totals, if any, from Schedule D-1, line 9				9
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)				10 1,734,000.
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 8252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 9				12 42,296.
13	Capital gain distributions				13
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (18,618)
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15 23,678.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2005

Schedule D (Form 1040) 2005 **GEORGE W. & LAURA W. BUSH**

Page **2**

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	<25,944.>
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none">• The loss on line 16 or• (\$3,000), or if married filing separately, (\$1,500)	21	SEE STATEMENT 10 (3,000)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return GEORGE W. & LAURA W. BUSH	Your SSN [REDACTED]
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Before you begin: ✓ See the instructions for line 44 on page 57 to see if you can use this worksheet to figure your tax.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43	1.	<u>618,694.</u>
2. Enter the amount from Form 1040, line 9B	2.	<u>13,758.</u>
3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 16 or 16 of Schedule D, but do not enter less than -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13	3.
4. Add lines 2 and 3	4.	<u>13,758.</u>
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0-	5.	<u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>13,758.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>604,936.</u>
8. Enter the smaller of: <ul style="list-style-type: none"> • The amount on line 1, or • \$ 29,700 if single or married filing separately, \$ 59,400 if married filing jointly or qualifying widow(er), \$ 39,600 if head of household. 	8.	<u>59,400.</u>
9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 7	9.
10. Subtract line 9 from line 8	10.
11. Multiply line 10 by 5% (.05)	11.
12. Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16. <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	<u>13,758.</u>
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.	<u>0.</u>
14. Subtract line 13 from line 12	14.	<u>13,758.</u>
15. Multiply line 14 by 15% (.15)	15.	<u>2,064.</u>
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	<u>185,790.</u>
17. Add lines 11, 15, and 16	17.	<u>187,854.</u>
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	18.	<u>190,605.</u>
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44	19.	<u>187,854.</u>

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2005

Department of the Treasury
Internal Revenue Service (98)

▶ Attach to Form 1040 or form 1041.

▶ See instructions for Schedule E (Form 1040).

Attachment
Sequence No. 18

Name(s) shown on return

Your social security number

GEORGE W. & LAURA W. BUSH

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4885 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	THE LONE STAR TRUST - ROYALTY		<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.) 		
B					
C					

	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3			3
4 Royalties received	4	3,311.		4 3,311.
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-4)	12			12
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Other (list) ▶ SEE STATEMENT 11	18	744.		
19 Add lines 5 through 18	19	744.		19 744.
20 Depreciation expense or depletion (see page E-4)	20	497.		20 497.
21 Total expenses. Add lines 19 and 20	21	1,241.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6199.	22	2,070.		
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8882. Real estate professionals must complete line 43 on page 2	23			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 2,070.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25 ()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26			26 2,070.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

GEORGE W. & LAURA W. BUSH

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity... [] Yes [X] No

Table with 5 columns: (a) Name, (b) Tax P for partnership S or S corp, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: GWB RANGERS CORP.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes totals for 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: SEE STATEMENT 12

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedules K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals for 34a, 34b, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedule G, line 2c, (d) Taxable income (net loss) from Schedules G, line 3b, (e) Income from Schedules G, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2005

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See separate instructions.

Attachment
Sequence No. 159

Name(s) shown on Form 1040

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions ▶

GEORGE W. BUSH

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions).

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2005 (see page 2 of the instructions)	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2005 (for those made on your behalf), including those made from January 1, 2006, through April 17, 2006, that were for 2005. Do not include employer contributions or rollovers (see page 2 of the instructions)	2	3,100.
3	If you were under age 55 at the end of 2005, and on the first day of every month during 2005, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 2 of the instructions), or • \$2,550 (\$5,250 for family coverage). All others, enter the limit from the worksheet on page 3 of the instructions	3	5,250.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2005 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2005, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	5,250.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2005, see the instructions on page 3 for the amount to enter	6	2,625.
7	If you were age 55 or older at the end of 2005, married, and you or your spouse had family coverage under an HDHP at any time during 2005, enter your additional contribution amount (see page 4 of the instructions)	7	600.
8	Add lines 6 and 7	8	3,225.
9	Employer contributions made to your HSAs for 2005	9	
10	Subtract line 9 from line 8. If zero or less, enter -0	10	3,225.
11	HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25	11	3,100.

Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

12a	Total distributions you received in 2005 from all HSAs (see page 4 of the instructions)	12a	
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 4 of the instructions)	12b	
c	Subtract line 12b from line 12a	12c	
13	Unreimbursed qualified medical expenses (see page 4 of the instructions)	13	
14	Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0. Also, include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	
15a	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here		<input type="checkbox"/>
b	Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63. On the dotted line next to line 63, enter "HSA" and the amount	15b	

LHA For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form **8889** (2005)

Health Savings Accounts (HSAs)

2005

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See separate instructions.

Attachment
Sequence No. 136

Name(s) shown on Form 1040

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions ▶

LAURA W. BUSH

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions).

	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2005 (see page 2 of the instructions)		
2 HSA contributions you made for 2005 (for those made on your behalf), including those made from January 1, 2006, through April 17, 2006, that were for 2005. Do not include employer contributions or rollovers (see page 2 of the instructions)	2	600.
3 If you were under age 55 at the end of 2005, and on the first day of every month during 2005, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 2 of the instructions), or • \$2,650 (\$5,250 for family coverage). All others, enter the amount from the worksheet on page 3 of the instructions	3	5,250.
4 Enter the amount you and your employer contributed to your Archer MSAs for 2005 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2005, also include any amount contributed to your spouse's Archer MSAs	4	
5 Subtract line 4 from line 3. If zero or less, enter -0	5	5,250.
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2005, see the instructions on page 3 for the amount to enter	6	2,625.
7 If you were age 55 or older at the end of 2005, married, and you or your spouse had family coverage under an HDHP at any time during 2005, enter your additional contribution amount (see page 4 of the instructions)	7	600.
8 Add lines 6 and 7	8	3,225.
9 Employer contributions made to your HSAs for 2005	9	
10 Subtract line 9 from line 8. If zero or less, enter -0	10	3,225.
11 HSA deduction. Enter the smaller of line 10 or line 9 here and on Form 1040, line 25 Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).	11	600.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

12a Total distributions you received in 2005 from all HSAs (see page 4 of the instructions)	12a	
b Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 4 of the instructions)	12b	
c Subtract line 12b from line 12a	12c	
13 Unreimbursed qualified medical expenses (see page 4 of the instructions)	13	
14 Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0. Also, include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	
15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here		<input type="checkbox"/>
b Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 23. On the dotted line next to line 23, enter "HSA" and the amount	15b	

LHA For Paperwork Reduction Act Notice, see page 5 of the instructions.